

QUALITY MANAGEMENT PLAN
CHARLOTTE TRANSITIONAL GRANT AREA

Ryan White Program – Part A
Mecklenburg County Health Department

June 2019

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INTRODUCTION

Background

The Ryan White Program is a federal grant program focused on providing necessary medical treatment and support services to low-income people living with HIV/AIDS (PLWHA). The program grants funding to cities, states, and health care organizations to serve this population. In 2006, the Health Resources and Services Administration (HRSA) designated the six county Charlotte region as a Part A Transitional Grant Area (TGA). The six counties include five North Carolina counties – Anson, Cabarrus, Gaston, Mecklenburg, and Union – and one bordering South Carolina county – York. The TGA covers 3, 134 square miles and has an estimated population of 1.6 million.

In May 2007, the TGA was first awarded Ryan White Program Part A funding to finance (as a payer of last resort) health care and related services for low-income, under-insured, and uninsured PLWHA. The program subcontracts with service providers to deliver care to PLWHA. The TGA serves an estimated 1700 clients, the majority of whom are men of color, live below the poverty level, are uninsured or underinsured and are between the ages of 25 and 44.

The Charlotte TGA is administered by the Mecklenburg County Health Department. Its staff includes:

Luis Cruz – Ryan White Program Manager
Valetta Rhinehart – Health Program Coordinator
Marquis Eure – Contract Coordinator
Dorothy Alexander – Contract Coordinator
Dominique Brown – Contract Coordinator
Gabriela Montilla-Perez – Administrative Assistant
TriYoung Consultants – CAREWare/Data Consultant

Services and Subcontractors

Federal guidelines of the Ryan White Program require that seventy-five percent (75%) of TGA funding be directed toward core medical services. These services include: ambulatory/outpatient services; AIDS Drug Assistance Program (ADAP); drug reimbursement; oral health care; early intervention services; health insurance premium and cost-sharing assistance for low-income individuals; home health care; medical nutrition therapy; hospice services; home and community-based health services; mental health services; substance abuse outpatient care; and medical case management, including treatment adherence services. (Not all core services are funded in the Charlotte TGA).

The remaining twenty-five percent (25%) of funding is allocated for support services, which must be linked to medical outcomes and may include: outreach, early intervention services, medical transportation, linguistic services, respite care for people caring for HIV/AIDS patients, referrals for

health care and other support services, case management, and substance abuse residential services. (Medical Transportation is the only service currently funded in the TGA).

For the 2018-19 grant year Appendix B provides a list of subcontractors, the services they provide, and the county(s) served.

Legislative Requirements

A major focus of the Ryan White Program is to improve the quality of care provided to PLWHA. Legislative requirements in the Ryan White HIV/AIDS Treatment Modernization Act of 2006 direct grantees in the Part A program to develop, implement, and monitor clinical quality management programs to ensure that service providers adhere to established HIV clinical practices and quality improvement strategies. Additionally, the legislation requires that demographic, clinical, and health care utilization information is used to monitor trends in the spectrum of HIV-related illnesses and local epidemic. HRSA's HIV/AIDS Bureau (HAB), which administers the Ryan White Program, defines quality as "the degree to which a health or social service meets or exceeds established professional standards and user expectations." To comply with this federal mandate and to ensure quality of care, the Charlotte TGA established its Quality Management (QM) Program.

North and South Carolina Quality Collaboration

Like other states, North Carolina is striving to achieve seamless quality monitoring of its Ryan White Program. In the state, the Ryan White Program is comprised of five parts , which include the following:

- Part A provides funds to urban areas, i.e. the Charlotte TGA, through a series of grants designed to allocate resources based on relative need;
- Part B provides funds to the state-administered AIDS Drug Assistance Program (ADAP) and other programs based upon need;
- Part C funds community-based organizations through a competitive grant application process;
- Part D provides resources for family-centered care for women, infants, children, and youth with HIV/AIDS; and
- Part F is a funding stream for the AIDS Education and Training Centers (AETC) Program, which provides training and education programs for health care providers who treat PLWHA, and the Special Programs of National Significance (SPNS), which fund innovative models of care and support the development of effective delivery systems for HIV care.

Efforts to collaborate include the establishment of the North and South Carolina Quality Initiative, a state-administered project to coordinate quality monitoring practices, and the Part B and Part C Quality Conferences, which provide an opportunity to share best practices relating to quality management across the states.

CAREWare Utilization

In order to monitor and assess performance measures of the QM Program, the Charlotte TGA utilizes CAREWare, which is software for managing HIV clinical and support services. Each subcontractor in the TGA is required to input performance data into CAREWare. This data can be extracted at any time by the Ryan White Program staff and the subcontractors to assess TGA-wide and subcontractor-specific performance on selected measures. These personalized performance reports can aid subcontractors in the development and monitoring of their own quality management program and activities. Additionally, the software allows for quick production of the Ryan White HIV/AIDS Program Services Report (RSR), which provides client-level data.

The Purpose of the Document

The purpose of this document is to provide a framework and guidance on how to develop, monitor, and improve the TGA's quality management program and activities, while promoting substantive consumer and provider involvement.

MISSION & SCOPE

Mission Statement

The mission of the Charlotte Transitional Grant Area (TGA) Quality Management (QM) Program is to ensure the delivery of high quality care for persons living with HIV/AIDS who receive services through the Part A program. This will be accomplished through planning, assessing, implementing, and evaluating performance strategies of medical and support services. This will also be accomplished through programmatic assistance and technical support for Ryan White Program Part A-funded health and social services with integrity, accountability and fiscal responsibility.

Specifically, the QM program will ensure that services do the following:

- Adhere to Public Health Services (PHS) clinical guidelines for the treatment of HIV/AIDS and TGA established standards of care and
- Improve health outcomes, reduce health disparities and increase access and retention to care for PLWHA.

Scope

The Charlotte TGA QM Program is committed to ensuring that clients receive quality care based on mandated guidelines, professional standards, and best practices. The Charlotte TGA currently funds 24 subcontractors (see Appendix B) that provide core and support services to PLWHA in the 6 contiguous counties.

The program addresses quality content regarding the following areas:

- Consumer Satisfaction
- Core Services
 - Ambulatory/Outpatient Medical Care/Eye Care
 - Drug Reimbursement
 - Medical Nutritional Therapy
 - Health Insurance – Premium and Co-pay Assistance
 - Medical Case Management
 - Mental Health
 - Oral Health
 - Psychosocial Support
 - Substance Abuse Outpatient Care
- Support Services
 - Emergency Financial Assistance
 - Early Intervention Services (EIS)
 - Food Bank/Home Delivered Meals
 - Housing Assistance

- Legal Services
- Medical Transportation
- Outreach
- Substance Abuse Residential Care

QUALITY MANAGEMENT INFRASTRUCTURE

Accountability

The Charlotte TGA QM Program is accountable for assessing, planning, directing, coordinating, evaluating and improving core and support services in the Ryan White Program. The structure of the QM Program is comprised of the QM Leadership Team and QM Committee.

The primary role of the QM Leadership Team is to educate service providers on quality management and assure adherence to PHS HIV/AIDS treatment guidelines. The QM Committee works in tandem with the QM Leadership team to develop and review the quality management plan and the quality improvement activities implemented TGA-wide.

Additional detail of the structure and responsibilities of the QM Leadership Team and the QM Committee are found in the following sections.

Quality Management Leadership Team

The QM Leadership Team is comprised of the following individuals, who have the following responsibilities:

- | | |
|-----------------------------------|---|
| Ryan White Program Manager | <ul style="list-style-type: none"> • Has final accountability of the QM Program. |
| Health Program Coordinator | <ul style="list-style-type: none"> • Assumes the leadership of the Quality Management Program. • Co-Chairs the QM Committees. • Coordinates quality data collection and quality improvement activities, including site-visits, for the entire TGA. |
| TGA Contract Coordinators | <ul style="list-style-type: none"> • Attend QM meeting and support QM activities. |
| Data Consultant | <ul style="list-style-type: none"> • Provides technical assistance and training to the subcontractors on inputting performance data into CAREWare. • Collaborates with the QM Program Lead on extracting data for review. |

The QM Leadership Team will meet as needed to address the following activities:

- Review program QM issues and challenges.
- Evaluate data and outcome measures that address quality issues.

- Determine quality initiatives and performance indicators and goals across the TGA.
- Develop QM Committee agendas and discussion items.
- Update and review the QM Plan annually.
- Report performance measures to the Advisory Group quarterly.
- Report improvement activities and performance data to HRSA at specified times.

The Quality Management Committee

The QM Committee is a collaboration of core and support service providers, consumers, and specialty experts in the Charlotte TGA. Specialty experts will be invited to participate in meetings on an ad hoc basis. The structure of the committee will be geographically representative of the TGA and is as follows:

- QM Program Manager (co-chair)
- Medical Practitioner (co-chair)
- Consumer (co-chair)
- Ryan White Program Manager
- Mental Health Provider
- Oral Health Provider
- Ambulatory Outpatient Care Provider
- Medical Case Manager
- Substance Abuse Treatment Provider
- Epidemiologist
- Medical Transportation Provider
- Consumers
- Specialty experts/Sub-committees/Working Groups (as needed)
- Ryan White Part B, C and D

The meetings will be held bi-monthly (or as needed).

The responsibilities of the QM Committee members include:

- **Quality Management Plan Development:** Participate in the development, implementation, and evaluation of the QM program and plan for the Charlotte TGA, and contribute to the annual evaluation of the QM plan.
- **On-going Evaluation of Service Effectiveness:** Review information collected to evaluate how well services funded by Part A are meeting community needs.
- **Attendance:** Regular participation is defined as at least 80% attendance of all QM committee meetings in a calendar year.

Quality Management Ad Hoc Committees

Roles and responsibilities for each ad hoc committee are as follows –**The Chairperson** must ensure that the Committee functions properly, that there is full participation during meetings, that all relevant matters are discussed and that effective decisions are made and carried out. **Secretary** is to support the Chair in ensuring the smooth functioning of the Committee, as well as ensuring meetings are effectively

organized and recorded. The Secretary also maintains effective records, communication and correspondence. **Members** are expected to actively participate in the work of the committee, provide thoughtful input to committee deliberations, review all relevant material, attend committee meetings and provide meaningful feedback for evaluation to Providers.

- **Satisfaction Survey Summary:** Review and evaluate each Provider's Satisfaction Survey Summary and provide constructive feedback for improvements in the next fiscal year.
- **Organizational Assessment:** Review and evaluate each Provider's Organizational Assessment to corroborate the chosen score in comparison to the written comments substantiating the overall answer. Provide meaningful feedback for improvement or clarification.
- **QM Plan Revision:** Review and evaluate the prior year Quality Management Plan to ensure that the framework, leadership, community partnerships and all data is currently relevant for the treatment and adherence of individuals living with HIV within the TGA.
- **QM Campaigns:** Educate the public regarding HIV and risk factors, as well as, encourage treatment adherence and retention.
- **QM Newsletter:** Bi-annual publication featuring consumer spotlight, editorials, a prescribing practitioner contribution, performance measure data, fun facts and relevant definitions. Newsletters are distributed to all TGA Providers and the throughout the community.

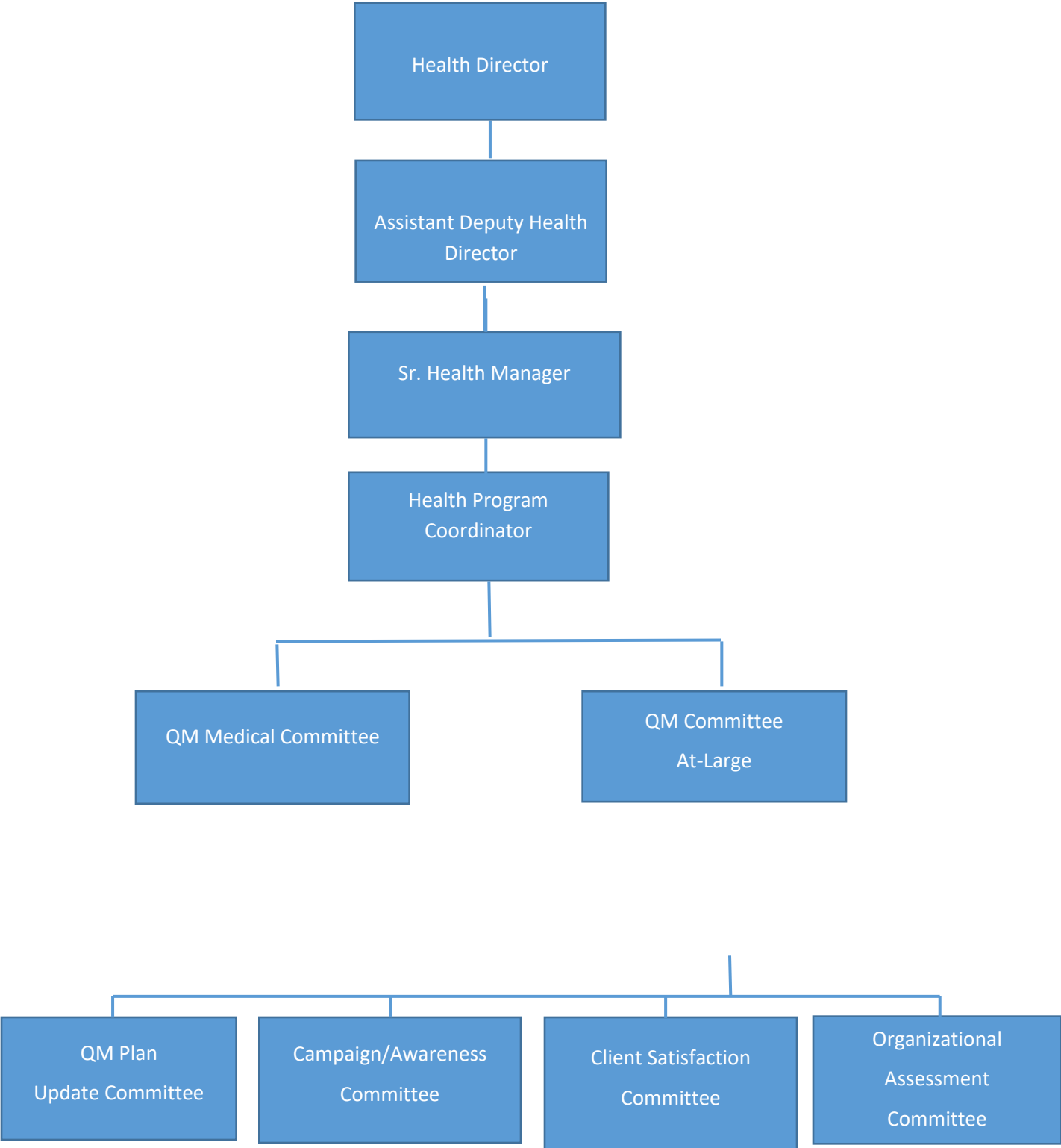
The Quality Management Medical Committee

This committee is a collaboration of Prescribing Practitioners from all of the contracted providers. The committee meets quarterly. This committee will quantify performance measures goals and determine the top ten measures to track that may need performance improvement. Participation is contractually mandatory and should be attended by a representative who can directly speak to policy and treatment of their organization. All medical providers will present in turn, detailing the progress of a current Continuous Quality Improvement (CQI) project or on trends, research or breakthroughs in the treatment of HIV. All Practitioners have equal voting rights.

Charlotte TGA Planning Body

The Charlotte TGA Planning Group assesses the service needs of the community and establishes funding priorities. The Planning Group will aid in the communication of Ryan White Program activities to the community-at-large. The Charlotte TGA Planning Body meets bi-monthly. Collaboration between the QM Leadership Team and the Group ensures that council members have the QM data to assist in establishing funding priorities and resource allocation.

ORGANIZATIONAL CHART



Stakeholders

Stakeholders are significant due to their commitment to improving and ensuring access to quality care for all PLWHA in the Charlotte TGA. The Ryan White Program administration will provide feedback to the QM Leadership Team through quality assessments, focus groups, and other methods appropriate to the QM project. The internal and external stakeholders are identified in the following table. The next table includes the roles of the external stakeholders.

Internal	External
BOCC – Board of County Commissioners	Consumers
Mecklenburg County Health Department	Community-at-Large
Ryan White Program Staff/Administration	HRSA
Ryan White QM Leadership Team	Subcontractors (Appendix B)
Ryan White Advisory Group	Quality Management Committee
Data Consultant	NC Ryan White Part B Program
	NC AETC

External Stakeholders	Involvement in QM Program	QM Communication
Consumers	<ul style="list-style-type: none"> • Participate on QM Committee • Participate in quality improvement initiatives as necessary • Participate in client satisfaction surveys • Make suggestions/ recommendations for quality improvement initiatives to the QM program • Make suggestions/recommendations to providers on quality improvement needs 	<ul style="list-style-type: none"> • Participate on QM Committee • Participation on Ryan White Advisory Group • Focus Groups
Subcontractors	<ul style="list-style-type: none"> • Provide care to consumers that are consistent with public health service guidelines • Ensure that quality management components of their contract are met • Adhere to standards of care specific to their program service area(s) • Develop a quality management plan for their program • Provide QM Program Lead with requested performance data in respective service category • Participate in continuous quality improvement 	<ul style="list-style-type: none"> • Provider meetings • Bi-Monthly QM performance reports (see Performance Measurements and Appendix B) • Annual QM performance report (see Appendix B) • Quality Management training (As needed) • CAREWare training
Quality Management Committee	<ul style="list-style-type: none"> • Provide input on quality goals and improvement priorities • Review written QM reports • Review performance measures • Participate in quality improvement projects as needed • Review/research best practices and additional QM processes 	<ul style="list-style-type: none"> • Bi-monthly meetings, or as needed
NC and SC Quality Collaboration - Part B Conferences and NC Quality Initiative	<ul style="list-style-type: none"> • Work in collaboration with Part A QM • Help ensure that all parts of the RWP use similar measurement criteria to facilitate valid comparisons 	<ul style="list-style-type: none"> • Electronic mail • Conference calls • In-person meetings

Quality Management Program Resources

The Charlotte TGA QM Program has the following resources available for utilization as it continually strives to improve the performance of services delivered to PLWHA.

Partner Resources

- Health Research and Services Administration (HRSA)
- The National Quality Center (NQC)
- North Carolina Part B Program/ Part B Quality Management Conferences
- North Carolina Quality Initiative
- North Carolina AIDS Education and Training Centers (AETC)
- South Carolina Part B Program

Structural

- Conference room space
- Access to computers, internet, telephone, fax

Additionally, the Charlotte TGA is exploring the possibility of webinar and conference call capacity for meetings and technical assistance.

QUALITY GOALS & PERFORMANCE MEASUREMENT

Annual Quality Goals

- Providers will direct efforts and resources toward achieving measurable goals established annually by the QM Medical Committee. These goals will focus on retention in care, medical adherence and viral suppression, to increase health outcomes. All medical providers will be required to participate in a Quality Management sub-committee that will meet quarterly. This committee will quantify performance measures goals and determine the top ten measures to track that may need performance improvement. Participation is mandatory and should be attended by a representative of your organization that can directly speak to policy and treatment. All medical providers will detail the progress of a current Continuous Quality Improvement (CQI) project that will sequentially be reported to the Quality Management Committee as a whole.

QI Approach and Methodology

- QI approach and formal methodology include evaluation through PDSA (Plan, Do, Study, Act) testing a change by planning it, trying it, observing the results and acting on what is learned. Root cause analysis is essential to problem-solving in quality management. This type of tool gets to the real issues that impede achieving higher levels of quality. The Charlotte TGA uses fishbone diagrams and Gantt Charts; by identifying the tasks that need to be done, highlighting the milestones through brainstorming, flow charts, storyboards or arrow fishbone diagrams. Timeframes should be identified for each task and the sequence in which each task can begin as well as what can be done simultaneously. The actual chart should be used as a benchmark study.

The following goals will be pursued by the QM Leadership Team:

Performance Measure Goals for FY 2018-19

CORE 1	Viral Load Suppression	85%
CORE02	Prescription of ARV Therapy	98%
CORE03	HIV Medical Visit Frequency	60%
CORE04	Gap in HIV Medical Visits	18%
HAB03	PCP Prophylaxis	97%
HAB09	Hepatitis C Screening	90%
HAB13	Syphilis Screening	92%
HAB14	TB Screening	90%

HAB15	Chlamydia	88%
HAB16	Gonorrhea	88%
HAB10	HIV Risk Counseling	100%

Performance Measures

The following performance measures are based on US Department of Health and Human Services guidelines and will be monitored for the entire 12 month grant period. The measures will be monitored continually based on data collected through CAREWare and, if need be, client files. The Health Program Coordinator in collaboration with subcontractors will implement quality improvement initiatives to facilitate the attainment of the designated measures. If the goal for an indicator is met or exceeded in two consecutive data extractions, the QM Co-Chair will update the performance measure by the next data extraction period.

Goal #1: All clients receive at least 2 medical visits annually, thereby ensuring retention in health care services.

Key Activities

- Develop at least one quality improvement (QI) projects for agency level.
- Track the 11 performance measures identified as applicable.
- Discuss and report on specific data collected and recommendations at QM Committee and Advisory Group Meetings.

Goal #2: Measure consumer satisfaction in the TGA through satisfaction survey implementation.

Key Activities

- Emphasize with the subcontractors the need to assess consumer satisfaction.
- Develop a consumer satisfaction template for subcontractors.
- Require each subcontractor to utilize the consumer satisfaction template.
- Report subcontractor specific client satisfaction data to the QM committee.

Goal #3: Assist in the development of QM programs and QM plans for each subcontractor, thereby increasing the knowledge-base of QM principles.

Key Activities

- Provide QM Training to appropriate subcontractor staff. (annually)
- Conduct QM evaluations of each subcontractor.
- Develop a QM plan template for subcontractors.
- Assist, as needed, subcontractors with quality improvement activities.

Goal #4: Ensure all subcontractors are inputting performance measures into CAREWare or other Approved data management system.

Key Activities

- Provide CAREWare Training to appropriate subcontractor staff.
- Provide CAREWare technical assistance.
- Subcontractor(s) not using CAREWare must provide performance measure data at least every two months.

Goal #5: Maintain a Quality Management Program and Plan

Key Activities

- Incorporate QM competencies into job descriptions of Ryan White staff.
- Ensure consumer representation in quality improvement activities.
- Maintain a racially/ethnically and geographically diverse and multi-disciplinary quality management committee through utilization of QM committee application.
- Review and revise the QM plan to assure ongoing relevance of annual goals and performance measures.

Performance Measurements

Indicator	Measurement	How (numerator/denominator= measure)	When to Extract Data	*Goal
CORE 1 Viral Load Suppression	% of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during	<p>Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</p> <p>Denominator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at</p>	MONTHLY 15th	85%

Indicator	Measurement	How (numerator/denominator= measure)	When to Extract Data	*Goal
	the measurement year	least once during the measurement period.		
Core 02 Prescription of HIV Antiretroviral Therapy	% of clients regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy ¹ for the treatment of HIV infection during the measurement year	<p>Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy¹ during the measurement year</p> <p>Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year.</p>	MONTHLY 15th	97%
CORE 03 HIV Medical Visit Frequency	% of clients regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	<p>Numerator: Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period</p> <p>Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period.</p>	MONTHLY 15th	60%
CORE 04 Gap in HIV Medical Visits	% of clients regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	<p>Numerator: Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year.</p> <p>Denominator: Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year.</p>	MONTHLY 15th	18%

Indicator	Measurement	How (numerator/denominator= measure)	When to Extract Data	*Goal
HAB 03 Prescribing of PCP prophylaxis	% of clients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis (Use the numerator and denomination that reflect patient population).	<p>Numerator: Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm³</p> <p>Denominator: Denominator 1. All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm³, who had at least two visits during the measurement year, with at least 90 days in between each visit.</p>	MONTHLY 15th	97%
HAB 09 Hepatitis C Screening	% of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis	<p>Numerator: Number of patients with a diagnosis of HIV who have documented HCV status in chart</p> <p>Denominator: Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges² at least once in the measurement year.</p>	MONTHLY 15th	90%
HAB 10 HIV Risk Counseling	% of clients with a diagnosis of HIV who received HIV risk counseling ¹ in the measurement year	<p>Numerator: Number of patients with a diagnosis of HIV, as part of their primary care, who received HIV risk counseling</p> <p>Denominator: Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges² at least once in the measurement year</p>	MONTHLY 15th	100%
HAB 13 Syphilis Screening	% of adult clients with a diagnosis of HIV who	Numerator: Number of patients with a diagnosis of HIV who had a	MONTHLY 15th	92%

	had a test for syphilis performed within the measurement year	<p>serologic test for syphilis performed at least once during the measurement year.</p> <p>Denominator: Number of patients with a diagnosis of HIV who:</p> <ul style="list-style-type: none"> • Were >18 years old in the measurement year¹ or had a history of sexual activity < 18 years, and • Had a medical visit with a provider with prescribing privileges² at least once in the measurement year. 		
HAB 14 TB Screening	% of clients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection	<p>Numerator: Patients for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection.</p> <p>NOTE: Results from the tuberculin skin test must be interpreted by a health care professional.</p> <p>Denominator: All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit.</p>	MONTHLY 15th	90%
HAB 15 Chlamydia Screening	% of clients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year	<p>Numerator: Number of patients with a diagnosis of HIV who had a test for chlamydia</p> <p>Denominator: Number of patients with a diagnosis of HIV who:</p>	MONTHLY 15th	85%

		<ul style="list-style-type: none"> • Were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and • Had a medical visit with a provider with prescribing privileges² at least once in the measurement year 		
HAB 16 Gonorrhea Screening	% of clients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year	<p>Numerator: Number of patients with a diagnosis of HIV who had a test for gonorrhea</p> <p>Denominator: Number of patients with a diagnosis of HIV who:</p> <ul style="list-style-type: none"> • Were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months; and • Had a medical visit with a provider with prescribing privileges² at least once in the measurement year <p>Number of patients with a diagnosis of HIV who:</p> <ul style="list-style-type: none"> • Were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months; and • Had a medical visit with a provider with prescribing privileges² at least once in the measurement year 	MONTHLY 15th	85%

EVALUATION

Evaluation Plan

The QM Committee will evaluate the QM program at the end of the Part A grant funding year. Evaluation will include assessment of the effectiveness of the QM infrastructure, the performance measures, the annual quality goals, consumer satisfaction, the Ryan White Program staff, and the QM plan.

The evaluation plan of the QM program includes the following activities and responsibilities that occur at the following frequency:

Activities	Responsibility	Frequency
Review QM goals and assess for relevance.	QM Manager QM Committee	Annually
Review mission statement to determine relevance.	QM Leadership Team QM Committee	Annually
Approve and finalize QM plan.	QM Leadership Team QM Committee Other stakeholders	Annually
Evaluate RW Program staff and QM Leadership Team	Subcontractors	Annually
Review epidemiological data to identify gaps in medical service delivery.	QM Leadership Team QM Committee QM Advisory Group	Bi-Annually
Conducts needs assessments to identify gaps in supportive service delivery.	RWP Manager takes lead	Annually
Engage in continuous performance measurement and quality improvement.	QM Manager Data Consultants Subcontractors	Ongoing
Conduct client satisfaction surveys to determine quality improvement needs at the service delivery level.	QM Manager Subcontractors	Annually
Review HIV/AIDS treatment guidelines to assure compliance with the best standards of care.	QM Leadership Team	Ongoing

Tools to survey Ryan White clients and the Ryan White staff will be developed by the QM Leadership Team. Subcontractors will be allowed to use existing client satisfaction tools providing they incorporate the criteria established by the QM Leadership Team, which will include access, timeliness, availability of services, and confidentiality measures. A survey to evaluate Ryan White staff will be developed and disseminated to subcontractors.

Capacity Building

The Charlotte TGA will conduct the following training and capacity-building activities:

- | | |
|--------------------------------------|---|
| Quality Management Training | <ul style="list-style-type: none">• All stakeholders will participate annually. |
| CAREWare Training | <ul style="list-style-type: none">• Subcontractors will be trained annually.• Evaluate competency of CAREWare knowledge. |
| Providers Annual Meeting | <ul style="list-style-type: none">• All subcontractors will meet annually to network and discuss policies and procedures that are new for the grant period. Quality Improvement activities may be identified during these meetings. Meetings will occur at the beginning of grant year. |
| Service-specific Support | <ul style="list-style-type: none">• Subcontractors providing similar services (i.e. case managers, etc.) will have conference calls or in-person meetings at a minimum (or as needed) to learn best practices and discuss issues pertaining to their service delivery. |
| New Subcontractor Orientation | <ul style="list-style-type: none">• Staff will develop packets and conduct orientation meetings at the beginning of each grant period for new subcontractors. |

APPENDIX A

Performance Measures

Service Category	CW Label	Measure	Numerator	Denominator	Relevant Data Elements
OAMC MCM	CORE 1	<u>HIV VIRAL LOAD SUPPRESSION:</u> 1. Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	Last Quantitative Lab Value HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
OAMC	CORE 2	<u>PRESCRIPTION OF HIV ART 2.</u> Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	# of ARV active ingredients HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed
OAMC MCM HIPCSA MH N-MCM MT PS EIS Oral Health EFA	CORE 3	<u>HIV MEDICAL VISIT FREQUENCY 3.</u> Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6- month period of the 24-month measurement period with a minimum of 60 days between medical visits	Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24 month measurement period *EXCLUDES clients that died during measurement year	HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed Vital Status
OAMC EIS	CORE 4	<u>GAP IN HIV MEDICAL VISITS 4.</u> Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	Number of patients in the denominator who did not have a medical visit in the last 6 months of the measurement year	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year *EXCLUDES clients that died during measurement year	HIV Positive Any Outpatient/Ambulatory Visit -OR- MCM HIV Specialist Confirmed -OR- EIS Linkage to Medical Care Confirmed Vital Status

APPENDIX B

Charlotte TGA Quality Management Work Plan

Goal #1: Develop processes to ensure client-level data is collected and reported on the 11 performance measures.

Key Actions	Steps	Timeline
Develop at least one Quality Improvement projects by agency.	a. Aim to have data inputted of all providers. b. Recommend QI project to QM Committee. c. Acquire QM Committee buy-in to QI project. d. Work with QM Committee to implement QI project.	a. Quarterly b. Quarterly c. Quarterly d. Quarterly
Track the 11 performance measures identified.	a. Performance data entered into CAREWare b. Extract data and communicate results c. Extract subcontractor specific data and provide feedback	a. Monthly b. Monthly c. Monthly
Discuss data collected and recommendations at QM Committee and Advisory Group Meetings.	a. Extract data and communicate results b. Extract subcontractor specific data and provide feedback c. Discuss at QM Committee and Advisory Group Meetings	a. Jan., March, May, July, Sept. & Nov b. Quarterly c. Quarterly

Goal #2: Measure consumer satisfaction through satisfaction survey implementation.

Key Actions	Steps	Timeline
Emphasize with the subcontractors the need to assess consumer satisfaction.	a. Topic of discussion at Providers meeting b. Topic of discussion at initial QM Committee Meeting of year c. Make part of monitoring process	a. April b. January c. Annually
Develop a consumer satisfaction template for subcontractors to utilize.	a. Draft consumer satisfaction survey template for utilization TGA-wide b. Approve consumer satisfaction survey and distribute	a. July b. May/June
Require each subcontractor to implement a consumer satisfaction survey.	a. Satisfaction surveys in the field by May/June b. Surveys submitted to RWP Administration c. Baseline results calculated and communicated to subcontractors, QM Committee, and Advisory Group	a. Annually b. January/ Annually c. May/ Annually

Goal #3: Assist in the development of QM programs and QM plans for each subcontractor, thereby increasing the knowledge-base of QM principles.

Key Actions	Steps	Timeline
Provide QM Training to appropriate subcontractor staff.	a. Facilitate QM training	a. Annually
Conduct QM evaluations of each subcontractor.	a. Quality assessment of TGA b. Incorporate QM evaluations into monitoring process	a. July/August b. Annually
Develop a QM plan template for subcontractors.	a. Draft QM plan template for utilization TGA-wide b. Require and approve subcontractor QM plans	a. July/August b. Annually
Assist, as needed, subcontractors with quality improvement activities.	a. Provide technical assistance to subcontractors	a. Ongoing

Goal #4: Ensure all subcontractors are inputting performance measures into CAREWare.

Key Actions	Steps	Timeline
Provide CAREWare Training to appropriate subcontractor staff.	a. Provide CAREWare training	a. Annually, beginning of grant year
Provide CAREWare technical assistance.	a. Technical assistance to subcontractors	a. Ongoing
Subcontractors report on performance measures.	a. Report data using CAREWare, ambulatory providers	a. Monthly

Goal #5: Maintain a Quality Management Program and Plan.

Key Actions	Steps	Timeline
Incorporate quality management competencies into job descriptions of Ryan White staff.	a. Edit job descriptions	a. Ongoing

Ensure consumer representation in quality improvement activities.	<ul style="list-style-type: none"> a. Input from consumers in QM Committee Meetings. b. Input from consumers in Consumer Advisory Board 	<ul style="list-style-type: none"> a. Bi-monthly b. Semi-annually
Maintain a racially/ethnically and geographically diverse and multi-disciplinary quality management committee through utilization of QM committee application.	<ul style="list-style-type: none"> a. Bi- Monthly QM Committee Meetings b. Dissemination and collection of QM committee applications c. Actively recruit QM committee members 	<ul style="list-style-type: none"> a. Bi-monthly b. Ongoing c. Ongoing
Review and revise the QM plan to assure ongoing relevance of annual goals and performance measures.	(see evaluation plan)	

APPENDIX C
Service Providers 2019-2020

Provider	Contact Information	Funded Elements	Funded Types
▼ Affinity Health Center	500 Lakeshore Parkway Rock Hill, SC 29730 803-909-6363 Fax 803-909-6364	Ambulatory/Outpatient Medical Care Health Insurance Medical Case Management Mental Health Services Oral Health Care	Part A MAI
Amity Group	6010 E WT Harris Blvd. 704-208-4134 Fax 704-248-7845	Ambulatory/Outpatient Medical Care	Part A
Bradley-Reid Corporation	5700 Executive Center Drive Charlotte, NC 25202 704-333-5686 Fax 704-376-1931	Medical Case Management	Part A MAI
Belvedere Family Dentistry	2734 Rozzelles Ferry Road Charlotte, NC 28208 704-927-55499	Oral Health Care	Part A
Carolinas Care Partnership	5855 Executive Drive, Suite 101 Charlotte, NC 28212 704-496-9581 Fax 704-376-1931	Medical Case Management	Part A
Charlotte Dental Associates	8220 University Executive Dr. Suite 111 Charlotte, NC 28262 704-548-8563 Fax 704-510-2793	Oral Health Care	Part A
Charlotte- Mecklenburg Hospital Authority	1350 S. Kings Drive Charlotte, NC 28207 704-446-4490	Health Insurance Medical Case Management Medical Transportation Ambulatory/Outpatient Medical Care	Part A MAI
Charlotte- Mecklenburg Hospital Authority	CMC- Northeast 200 Medical Park Dr. Suite 280 Concord, NC 28225 704-783-1766 Fax 704-783-1096	Health Insurance Medical Case Management Medical Transportation Ambulatory/Outpatient Medical Care	Part A MAI

Provider	Contact Information	Funded Elements	Funded Types
Community Empowerment Center	9719 East W.T. Harris Blvd. Charlotte, NC 28229 704-568-0934 Fax 704-625-0671	Medical Transportation	Part A
DDD Enterprise	6608 East W.T. Harris Blvd. Charlotte, NC 28215 704-235-7495	Medical Transportation	Part A
Charlotte Health Initiative	4115 The Plaza Charlotte, NC 28205 704-532-4567 Fax 704-532-4580	Health Insurance Medical Case Management Ambulatory/Outpatient Medical Care	Part A MAI
Gaston Family Health Services	991 West Hudson Boulevard Gastonia, NC 28052 704-862-5357 Fax 704-671-1411	Medical Case Management Mental Health Services Oral Health Care Medical Transportation Ambulatory/Outpatient Medical Care	Part A
The Rise Project of the Carolinas	9414 Albemarle Rd. Charlotte, NC 28227 704-335-8488	Medical Case Management	Part A MAI
ID Consultants	4539 Hedgemore Dr Charlotte, NC 28209-3237 704-331-9669	Health Insurance Medical Case Management Medical Transportation Ambulatory/Outpatient Medical Care	Part A MAI
Lions Services Eye Clinic, Inc.	4600-A North Tryon Street Charlotte, NC 28213 704-599-4760 Fax 704-921-5758	Vision	Part A
Mecklenburg County Health Department	2845 Beatties Ford Road Charlotte, NC 28216 980-314-9296	Medical Transportation Mental Health Services Medical Case Management	Part A
Novant Medical Center	1900 Randolph Rd., Suite 216 Charlotte, NC 28207 704-316-5330	Ambulatory/Outpatient Medical Care	Part A
Quality Home Care Services, Inc.	3552 Beatties Ford Rd. Charlotte, NC 28216	Medical Transportation	Part A MAI

Provider	Contact Information	Funded Elements	Funded Types
▼	704-394-8968 Fax 704-394-8967	Mental Health Services Psychosocial Support- Youth Medical Case Management	
RAIN (Regional AIDS Interfaith Network)	601 E. 5th Street, Suite 470 Charlotte, NC 28202 704-372-7246 Fax 704-372-7418	Mental Health Medical Case Management Psychosocial Support- Youth Health Insurance	Part A
Reeves Eye Clinic	824 Eastway Dr. Charlotte, NC 28205 704-333-0799 Fax 704-333-3253	Vision	Part A
Rosedale Infectious Diseases, PLLC	103 Commerce Centre Drive, Suite 103 PO Box 2785 Huntersville, NC 28078 704-948-8582 Fax 704-948-8572	Ambulatory/Outpatient Medical Care Health Insurance	Part A
Royal Dental Associates	4930 Central Ave. Charlotte, NC 28205 704 769 2523 Fax 888 975 7633	Oral Health	